

Senate File 2128 - Introduced

SENATE FILE 2128

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A BILL FOR

1 An Act requiring certain group health insurance policies,
2 contracts, or plans to provide coverage for autism spectrum
3 disorders for certain persons, providing for a repeal, and
4 including applicability and effective date provisions.
5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. **514C.29 Autism spectrum disorders**
2 **coverage.**

3 1. Notwithstanding the uniformity of treatment requirements
4 of section 514C.6, a group policy, contract, or plan providing
5 for third-party payment or prepayment of health, medical, and
6 surgical coverage benefits shall provide coverage benefits
7 to covered individuals under twenty-six years of age for
8 the screening, diagnosis, and treatment of autism spectrum
9 disorders if the policy, contract, or plan is either of the
10 following:

11 a. A policy, contract, or plan issued by a carrier, as
12 defined in section 513B.2, or an organized delivery system
13 authorized under 1993 Iowa Acts, chapter 158.

14 b. A plan established pursuant to chapter 509A for public
15 employees.

16 2. As used in this section, unless the context otherwise
17 requires:

18 a. "*Applied behavior analysis*" means the design,
19 implementation, and evaluation of environmental modifications,
20 using behavioral stimuli and consequences, to produce socially
21 significant improvement in human behavior or to prevent loss
22 of attained skill or function, including the use of direct
23 observation, measurement, and functional analysis of the
24 relations between environment and behavior.

25 b. "*Autism spectrum disorder*" means any of the pervasive
26 developmental disorders including autistic disorder, Asperger's
27 disorder, and pervasive developmental disorders not otherwise
28 specified. The commissioner, by rule, shall define "*autism*
29 *spectrum disorder*" consistent with definitions provided in the
30 most recent edition of the American psychiatric association's
31 diagnostic and statistical manual of mental disorders, as such
32 definitions may be amended from time to time. The commissioner
33 may adopt the definitions provided in such manual by reference.

34 c. "*Behavioral health treatment*" means counseling and
35 treatment programs, including applied behavior analysis, that

1 meet the following requirements:

2 (1) Are necessary to develop, maintain, or restore, to the
3 maximum extent practicable, the functioning of an individual.

4 (2) Are provided or supervised by a behavior analyst
5 certified by a nationally recognized board, or by a licensed
6 psychologist, so long as the services are performed
7 commensurate with the psychologist's formal training and
8 supervised experience.

9 *d. "Diagnosis of autism spectrum disorder"* means the use
10 of medically necessary assessments, evaluations, or tests to
11 diagnose whether an individual has an autism spectrum disorder.

12 *e. "Pharmacy care"* means medications prescribed by a
13 licensed physician and any assessment, evaluation, or test
14 prescribed or ordered by a licensed physician to determine the
15 need for or effectiveness of such medications.

16 *f. "Psychiatric care"* means direct or consultative services
17 provided by a licensed physician who specializes in psychiatry.

18 *g. "Psychological care"* means direct or consultative
19 services provided by a licensed psychologist.

20 *h. "Therapeutic care"* means services provided by a licensed
21 speech pathologist, licensed occupational therapist, or
22 licensed physical therapist.

23 *i. "Treatment for autism spectrum disorder"* means
24 evidence-based care and related equipment prescribed or ordered
25 for an individual diagnosed with an autism spectrum disorder by
26 a licensed physician or a licensed psychologist who determines
27 that the treatment is medically necessary, including but not
28 limited to the following:

29 (1) Behavioral health treatment.

30 (2) Pharmacy care.

31 (3) Psychiatric care.

32 (4) Psychological care.

33 (5) Therapeutic care.

34 *j. "Treatment plan"* means a plan for the treatment of an
35 autism spectrum disorder developed by a licensed physician or

1 licensed psychologist pursuant to a comprehensive evaluation
2 or reevaluation performed in a manner consistent with the most
3 recent clinical report or recommendations of the American
4 academy of pediatrics, as determined by the commissioner by
5 rule.

6 3. Coverage for applied behavior analysis is required
7 pursuant to this section for a maximum benefit amount of
8 thirty-six thousand dollars per year. Beginning in 2014, the
9 commissioner shall, on or before April 1 of each calendar year,
10 publish an adjustment for inflation to the maximum benefit
11 required equal to the percentage change in the medical care
12 component of the United States department of labor consumer
13 price index for all urban consumers in the preceding year, and
14 the published adjusted maximum benefit shall be applicable to
15 group policies, contracts, or plans subject to this section
16 that are delivered, issued for delivery, continued, or renewed
17 on or after January 1 of the following calendar year. Payments
18 made under a group policy, contract, or plan subject to this
19 section on behalf of a covered individual for any treatment
20 other than applied behavior analysis shall not be applied
21 toward the maximum benefit established under this subsection.

22 4. Coverage required pursuant to this section shall not be
23 subject to any limits on the number of visits an individual may
24 make for treatment of an autism spectrum disorder.

25 5. Coverage required pursuant to this section shall not
26 be subject to dollar limits, deductibles, copayments, or
27 coinsurance provisions, or any other general exclusions or
28 limitations of a group plan that are less favorable to an
29 insured than the dollar limits, deductibles, copayments, or
30 coinsurance provisions that apply to physical illness generally
31 under the policy, contract, or plan, except as provided in
32 subsection 3.

33 6. Coverage required by this section shall be provided
34 in coordination with coverage required for the treatment of
35 autistic disorders pursuant to section 514C.22.

1 7. This section shall not be construed to limit benefits
2 which are otherwise available to an individual under a group
3 policy, contract, or plan.

4 8. This section shall not be construed as affecting any
5 obligation to provide services to an individual under an
6 individualized family service plan, an individualized education
7 program, or an individualized service plan.

8 9. Except for inpatient services, if an insured is receiving
9 treatment for an autism spectrum disorder, an insurer is
10 entitled to review the treatment plan annually, unless the
11 insurer and the insured's treating physician or psychologist
12 agree that a more frequent review is necessary. An agreement
13 giving an insurer the right to review the treatment plan of
14 an insured more frequently applies only to that insured and
15 does not apply to other individuals being treated for autism
16 spectrum disorders by a physician or psychologist. The cost of
17 conducting a review of a treatment plan shall be borne by the
18 insurer.

19 10. This section shall not apply to accident-only,
20 specified disease, short-term hospital or medical, hospital
21 confinement indemnity, credit, dental, vision, Medicare
22 supplement, long-term care, basic hospital and medical-surgical
23 expense coverage as defined by the commissioner, disability
24 income insurance coverage, coverage issued as a supplement
25 to liability insurance, workers' compensation or similar
26 insurance, or automobile medical payment insurance, or
27 individual accident and sickness policies issued to individuals
28 or to individual members of a member association.

29 11. The commissioner shall adopt rules pursuant to chapter
30 17A to implement and administer this section.

31 12. An insurer shall not terminate coverage of an individual
32 solely because the individual is diagnosed with or has received
33 treatment for an autism spectrum disorder.

34 13. This section applies to third-party payment provider
35 policies, contracts, or plans, and to plans established

1 pursuant to chapter 509A, that are delivered, issued for
2 delivery, continued, or renewed in this state on or after
3 January 1, 2013.

4 Sec. 2. REPEAL. Section 514C.28, Code 2011, is repealed.

5 Sec. 3. EFFECTIVE DATE. The following provision of this Act
6 takes effect January 1, 2013:

7 1. The section of this Act repealing section 514C.28.

8 EXPLANATION

9 This bill creates new Code section 514C.29 which requires
10 certain group health insurance policies, contracts, or plans
11 to provide coverage benefits for the screening, diagnosis, and
12 treatment of autism spectrum disorders. The new provision
13 is applicable to group health policies, contracts, or plans
14 and to health plans established under Code chapter 509A for
15 public employees. Coverage benefits are required for covered
16 individuals under 26 years of age.

17 "Autism spectrum disorder" includes autistic disorder,
18 Asperger's disorder, and pervasive developmental disorders
19 not otherwise specified, as defined by the commissioner of
20 insurance by rule consistent with definitions provided in the
21 most recent edition of the American psychiatric association's
22 diagnostic and statistical manual of mental disorders.

23 The required maximum benefit for coverage for applied
24 behavior analysis is \$36,000 per year. Beginning in 2014,
25 the commissioner is required to make and publish annual
26 adjustments for inflation to the maximum benefit required equal
27 to the percentage change in the medical care component of the
28 United States department of labor consumer price index for
29 all consumers in the previous year. The published adjusted
30 maximum benefit is applicable to group policies, contracts, or
31 plans delivered, issued for delivery, continued, or renewed
32 during the following calendar year. Payments made on behalf
33 of a covered individual for any treatment other than applied
34 behavior analysis cannot be applied toward this maximum
35 benefit.

1 Required coverage cannot be subject to any limits on the
2 number of visits an individual may make for treatment of an
3 autism spectrum disorder.

4 Required coverage cannot be subject to dollar limits,
5 deductibles, copayments, or coinsurance provisions, or any
6 other general exclusions or limitations of a group plan that
7 are less favorable to an insured than those that apply to
8 physical illness generally under the policy, contract, or
9 plan, except as to the maximum benefit limitation for applied
10 behavior analysis coverage.

11 Coverage of autism spectrum disorders under the new Code
12 section is to be provided in coordination with coverage
13 required for the treatment of autistic disorders pursuant to
14 Code section 514C.22. The Code section shall not be construed
15 to limit benefits otherwise available to an individual under a
16 group policy, contract, or plan.

17 The new Code section shall not be construed as affecting
18 any obligation to provide services to an individual under an
19 individualized family service plan, education program, or
20 service plan.

21 Except for inpatient services, if an insured is receiving
22 treatment for an autism spectrum disorder, an insurer is
23 entitled to review the treatment plan annually, unless the
24 insurer and the insured's treating physician or psychologist
25 agree that more frequent review is necessary. Such an
26 agreement applies only to that insured and does not apply to
27 other individuals being treated for autism spectrum disorder by
28 a physician or psychologist. The cost of conducting the review
29 of a treatment plan is to be borne by the insurer.

30 The new Code section does not apply to various specified
31 types of insurance. The commissioner is required to adopt
32 rules to implement and administer the provision.

33 An insurer shall not terminate coverage of an individual
34 solely because the individual is diagnosed with or has received
35 treatment for an autism spectrum disorder.

1 The new Code section applies to third-party payment provider
2 policies, contracts, or plans, and to plans established
3 pursuant to Code chapter 509A, that are delivered, issued for
4 delivery, continued, or renewed in this state on or after
5 January 1, 2013.

6 Code section 514C.28, which currently mandates coverage
7 for autism spectrum disorders only in group plans established
8 pursuant to Code chapter 509A for state employees, is repealed
9 effective January 1, 2013.